

### DMR Copy of Record

**Permit**

Permit #:   
 Major: Yes No

Permittee:   
 Permittee Address: Attn:   
 Facility:   
 Facility Location: Attn:

**Permitted Feature:**

Discharge: -

**Report Dates & Status**

Monitoring Period: From // - From // to To // - //

DMR Due Date: // - //

Status:

**Considerations for Form Completion**

**Principal Executive Officer**

First Name:   
 Last Name:   
 Title:

Telephone:

**No Data Indicator (NODI)**

Form NODI: --

Parameter Code	Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1			
X	Sample												
	Effluent Trading Sample												
	Permit Req.												
	Value NODI												

**Submission Note**

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**

Parameter Code	Name	Monitoring Location	Field	Type	Description	Acknowledge
-	Soft (Error Code: ) Yes					

No errors.

**Comments**

**Attachments**

Name	Type	Size

No attachments.

**Report Last Saved By**

User:   
 Name:   
 E-Mail:   
 Date/Time: (Time Zone: )

**Report Last Signed By**

User:   
 Name:   
 E-Mail:   
 Date/Time: (Time Zone: )